

MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596 546

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2			/		/		52						
3			/		/		53						
4			/		/		54						
5	/		/		/		55						
6		5					56						
7		5					57						
8		5					58						
9		5					59						
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11	/		/				61						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			7										
TOTAL DEP.		7											
TOTAL CLAIMS		14											